

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Alphonso Syville,

Plaintiff,

-against-

City of New York et al.,

Defendants.

USDC SDNY  
DOCUMENT  
ELECTRONICALLY FILED  
DOC #: \_\_\_\_\_  
DATE FILED: 6/18/2020

1:20-cv-00571 (LTS) (SDA)

ORDER OF SERVICE

**STEWART D. AARON, United States Magistrate Judge:**

On June 15, 2020, Plaintiff filed a Letter titled Amended Complaint naming the two individual defendants identified by Defendant Project Renewal and requesting copies of certain cases documents. (See Letter, ECF No. 15.) Although Plaintiff was advised that his Amended Complaint would replace, not supplement, his earlier pleadings, the Amended Complaint only names the two individual defendants and does not include any substantive allegations. (See *id.*) However, under the unique circumstances involving this *pro se* Plaintiff, the Court will consider this amendment as a supplement to Plaintiff's earlier pleadings. Thus, the Court deems both of Plaintiff's January 21, 2020 Complaints (20-cv-00570 ECF No. 2 & ECF No.2), Plaintiff's January 24, 2020 Letter (ECF No. 4) and Plaintiff's January 15, 2020 amendment (ECF No. 15), together, as the operative pleading in this action. The operative pleading is attached to this Order as Exhibit A.

Because Plaintiff has been granted permission to proceed *in forma pauperis* ("IFP") (see ECF No. 5), he is entitled to rely on the Court and the U.S. Marshals Service to effect service. *Walker v. Schult*, 717 F.3d. 119, 123 n.6 (2d Cir. 2013); *see also* 28 U.S. C. § 1915(d) ("The officers

of the court shall issue and serve all process . . . in [IFP] cases."); Fed. R. Civ. P. 4(c)(3) (the court must order the Marshals Service to serve if the plaintiff is authorized to proceed IFP).

To allow Plaintiff to effect service on Defendants through the U.S. Marshals Service, the Clerk of Court is instructed to fill out a U.S. Marshals Service Process Receipt and Return form ("USM-285 form") for the newly added Defendants at the following addresses:

1. New York City Housing Authority  
90 Church Street, 11th Floor  
New York, NY 10007
2. Mayor Bill de Blasio  
City Hall  
New York, NY 10007
3. New York State Office of Alcoholism Substance Abuse Services ("OASAS")  
501 7th Avenue  
New York, NY 10018-5903
4. Sera Security  
2804A 3rd Ave  
Bronx NY 10455
5. Etta Graham  
Project Renewal  
200 Varick Street  
New York, NY 10014
6. Judy Malloy  
Project Renewal  
200 Varick Street  
New York, NY 10014

The Clerk of Court is further instructed to issue summonses and deliver to the Marshals Service all the paperwork necessary for the Marshals Service to effect service upon these defendants.

Because Plaintiff, who has otherwise consented to receive electronic service (see ECF No. 3), has requested copies of case documents, a copy of this Order and the attached operative pleading will be mailed to Plaintiff by Chambers. If Plaintiff needs copies of additional case documents, he must identify the specific documents that he requires.

**SO ORDERED.**

DATED:        New York, New York  
                  June 18, 2020



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STEWART D. AARON  
United States Magistrate Judge

## **EXHIBIT A**

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Dexter Mversy, Donald A Lord  
Alfonso Syville, ET, al (see waives)

Write the full name of each plaintiff.

20 CV 570  
(Include case number if one has been assigned)

-against-  
New York City of New York COMPLAINT  
Project Renewal

Do you want a jury trial?  
 Yes  No

Department of Homeless Services, OASIS  
Mayor De Blasio, NYCHA, Social Security ET, al

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

CLASS ACTION

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

Federal Question

Diversity of Citizenship

### A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973, Civil Rights, Inhuman Conditions, Human Rights, Violation of Heppa Act, Discremination, CATHAKEN v. Corey, excessive force, unlawful imprisonment, Negligence

### B. If you checked Diversity of Citizenship

#### 1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, \_\_\_\_\_, is a citizen of the State of \_\_\_\_\_  
(Plaintiff's name)

\_\_\_\_\_  
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of \_\_\_\_\_

\_\_\_\_\_  
If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, \_\_\_\_\_, is a citizen of the State of  
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of \_\_\_\_\_

If the defendant is a corporation:

The defendant, \_\_\_\_\_, is incorporated under the laws of  
the State of \_\_\_\_\_

and has its principal place of business in the State of \_\_\_\_\_

or is incorporated under the laws of (foreign state) \_\_\_\_\_

and has its principal place of business in \_\_\_\_\_

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

## II. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Donald A. Werd, Alfonso Syville, Dexter Murray, (see waiver)  
First Name Middle Initial Last Name  
651 w 168<sup>st</sup> Fort Washington for Homeless Single M  
Street Address

County, City

State

Zip Code

646-673-3205

Telephone Number

10032

Email Address (if available)



Defendant 4:

SERASecurity

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

**III. STATEMENT OF CLAIM**

Place(s) of occurrence:

Fort Washington Shelter for Homeless Men

Date(s) of occurrence:

6/19 until Present**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

Denied entrance in the shelter, Mis handling and harassment of Men, not on No Heat or winter, Women's not working, Infestations with insects in the bathroom, Not enough Cigarettes for living New to stay in the shelter, Under treatment by staff and DAs Police Officer's (make us take our shoes of after we please the Men's Detector <sup>see A</sup> security), Improper use of Art. 86 and our Mental Illness without they say we needs to be EDP when we Don't, Steal our property our money and Men's, Retaliation, if we make complaint they deny us basis or take we are put us out the shelter's, Took our jackets inside without stop even after we closed the Men's Detector, Assault Us, (see Attach #1 & 3) (m)

## INCARCERATION

This is a Mecca shelter now because of our Meeks Illness and Criminal Backgrounds we can't get Housing, ~~or~~ No NYCHA apartment without less to years in the shelter, our Complaints to 311 goes unanswered all our Complaints to the Mayor goes unanswered and ignored. (see attachment 112).

OASIS funds the drug distribution But there are more guys in Drugs then OASIS is funding and OASIS Aint checkin on clients & nothing

**INJURIES:**  
If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Abandon, Health problems, Respiratory problems, Panic Attacks, Depression, Foot fungus, Hospitalizations, High Medication, Ben Bugsdale, Terminized, Delusions, Embarrassment, Don't want to go to the public with the use of Retaliation  
**Upon Request, Personal Papers..**

## **IV. RELIEF**

State briefly what money damages or other relief you want the court to order.

**300 Million Dollars**

## V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

|   |                               |                               |
|---|-------------------------------|-------------------------------|
| <u>1/19/2020</u>                            | <u>A. Smith (SEE Waver's)</u> |                               |
| Dated                                       | Plaintiff's Signature         |                               |
| <u>D. Smith, D. Los, Dexter Murray,</u>     | <u>(SEE Waver's)</u>          |                               |
| First Name                                  | Middle Initial                | Last Name                     |
| <u>631 168<sup>th</sup> Fort Washington</u> | <u>st</u>                     | <u>Homeless Men's Shelter</u> |
| Street Address                              |                               |                               |
| <u>N.Y</u>                                  | <u>N.Y</u>                    | <u>10032</u>                  |
| County, City                                | State                         | Zip Code                      |
| <u>646-673-3205</u>                         |                               |                               |
| Telephone Number                            | <u>Subagent 27 @ Adlison</u>  |                               |
|   | Email Address (if available)  |                               |

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes  No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

IN NO WAY, I APPROVED Syville 1/16/20  
IS REP IN THE CLASS AS AN ATTORNEY. I'M  
JUST DOING THE FOOT WORK BECAUSE MOST OF THE 30 ARE  
IN WHEELCHAIRS, WALKING, PHYSICAL OR MENTAL DISABILITY

To whom this may concern / Yr Honor

Re  
Bragg's

We the Mick Homeless Clients at  
Foot Washington Shelter for Single Men to  
Men give permission to Alfonso Syville  
our Client Advocate to disclose of our Benefit  
about our Rights being violated at Foot  
Washington. (SEE ATTACH #1 #6)

So of us is old, in wheelchairs, unexpect  
to and it's hard for some of us to write.  
So we will tell Syville what to write for  
us and sign two print our names where  
they suppose to go

Also Yr Honor  
Can you please put a notice in the Case  
about Alfonso Syville and all of us  
fear Retaliation from Department of  
Homeless Services, the staff and its rescue  
of trees at the Foot Washington Shelter  
WE IN

Yr Honor they will transfer us on  
this list to different shelter's to try to  
find the This Class Action

Civil Suits. They know once they separate us, it's hard for us to keep up with each other. Because once a client is transferred, there's no way another client can know what where.

Again, some of us is in wheelchairs, walkers, on med, etc, etc.

So if it's my way that you can make sure that facilitation is not letting out of us for showing for our right.

On honor, we been complaining, briefs once, 311 for years and it all went ignored.

Thank you very much for taking the time to read this.

SEE ATTACH #1

Alfonso S. Valente, Jr.  
A. Valente

2083

Client's  
Signature

1/16/20

- 1) Alfonso Spille
- 2) ~~John Taylor~~
- 3) John Bonilla
- 4) Edward Green
- 5) Michael Lopez
- 6) ~~BB~~
- 7) Anthony Ashley
- 8) ~~John C. Marin~~
- 9) ~~Howard Randolph~~
- 10) ~~John A.~~
- 11) ~~Denise Cough~~
- 12) ~~John C. Smith~~
- 13) ~~Derrell Williams~~
- 14) ~~Terriyell Russell~~
- 15) ~~BB~~

- 16) ~~Engel Des~~
- 17) ~~ATM MP 48~~
- 18) ~~ATM MP 48~~
- 19) ~~MM 11/04/9~~
- 20) ~~John C. Cough~~
- 21) ~~John C. Cough~~
- 22) ~~AK Reed~~
- 23) Bashirri Coleman
- 24) Robert Elmore
- 25) Dominique Carrington
- 26) They .
- 27) ~~ABCD~~
- 28) ~~ABCD~~
- 29) ~~ABCD~~
- 30) Brian Pereira  
Anthony McDonald

Temporary restraining Order on  
this 30 please to Honor. Or something about  
then transferring else Restitution not to  
disturb the case. Some see in Webblives, some  
have walked, some have Physical Disability some of  
us have Mental Disabilities.

SEE ATTACH #1, b.

383

Thank You  
Alfonso Spille f 30

1/21/20

To whom this may concern

I Alphonso Syville is experiencing ~~not~~ A lot of Retaliation and Threats from the Staff at Homeless Mens Shelter, Street Washington for ~~the~~ Single Adult Men. They Violating my 1<sup>st</sup> Amendment rights and They not allowing me to Advocate on my behalf and the other clients.

I'm experiencing ~~not~~ these things only because I'm speaking up for we as the clients right.

They tell me Mind my Business, Tell me they GONNA EDP me, don't give me what I need to survive in the shelter. Don't answer my emails nor grievances

Alphonso Syville  
A. Sy

P.S. I don't feel safe in the shelter I'm in  
cause of the ~~cause~~ of Retaliation from staff in this

**Attachment #1**

SHELTER NAME: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FAMILY COMPOSITION: # ADULTS \_\_\_\_ # CHILDREN \_\_\_\_

|                               |               |        |
|-------------------------------|---------------|--------|
| LAST NAME (HEAD OF HOUSEHOLD) | FIRST NAME    | MI     |
| SOCIAL SECURITY NUMBER        | DATE OF BIRTH | CASE # |

## **STATEMENT OF CLIENT RIGHTS AND CLIENT CODE OF CONDUCT**

The **Statement of Client Rights and Client Code of Conduct** sets out the standards for staying in short-term temporary housing assistance ("shelter"). Since shelter is not a home, but rather a stepping stone to permanent housing and rejoining the community, there are certain expectations for you while in shelter. These standards ensure shelters are safe for everyone and that we work together to help you move as quickly as possible from emergency housing to a home.

**While in shelter, your rights include:**

1. The right to exercise your civil rights and religious freedoms;
2. The right to have your personal, financial, social and medical information kept confidential by DHS and shelter staff;
3. The right to meet and have written communications with your legal representatives in private;
4. The right to receive courteous, fair and respectful treatment;
5. The right to remain in the facility, and not be involuntarily transferred or discharged except in accordance with State regulations and the DHS procedures implementing those regulations;
6. The right to present grievances on behalf of yourself and other residents to your shelter or DHS without fear of retaliation and to receive a timely response;
7. The right to manage your own finances;
8. The right to receive visitors in common areas of the facility Monday through Friday between 6 pm and 9 pm and on Saturday and Sunday between 12 pm and 4 pm;
9. The right to leave and return to the facility in accordance with the 10 pm curfew;
10. The right to send and receive mail without interference or interception;
11. The right to be free from physical restraint or confinement; and
12. The right to end your shelter stay at any time.

**Single acts of the following misconduct may lead to the loss of shelter:**

1. You are forbidden to bring weapons and any illegal substances into the shelter.
2. Violence, threatened violence, or other illegal conduct is not permitted and will be reported to law enforcement authorities.

Attachment #2



## Notice of Disability Rights

Title II of the Americans with Disabilities Act (the "ADA"), as amended, the Rehabilitation Act of 1973, state and local laws, and regulations promulgated pursuant to these Federal, State and local laws protect qualified individuals with a disability from discrimination on the basis of that disability in the delivery of or access to benefits, programs, services or activities of the Department of Homeless Services ("DHS").

This notice is posted to inform the public of the privileges, protections and requirements created by Federal, State, and local laws regarding individuals with disabilities and their access to the benefits, programs, and services offered by DHS.

### Accommodation Procedure

A "Reasonable accommodation" includes modification to the program's or facility's policies or practices, removal of impediments created by architectural, communication or transportation barriers, and the provision of auxiliary aids or services.

**If you believe that you require a Reasonable Accommodation in order to fully access DHS programs or services, please contact your Program/Facility Director or your Case Worker.**

DHS does not discriminate against any qualified individual with a physical or mental disability in its services, programs or activities or exclude any qualified individual from participation in DHS benefits, programs and services.

**If you believe that you have been discriminated against because of a physical or mental disability with respect to DHS services, programs, or activities, you may file a complaint with the DHS EEO Officer.**

Office of Diversity & Equal Opportunity Affairs  
33 Beaver Street,  
New York, New York 10004  
Tel. 212-361-7914  
TTY. 212-361-8091  
[eoao@dhs.nyc.gov](mailto:eoao@dhs.nyc.gov)

This notice is available in alternative formats upon request



YA Honor

**Attachment#3**

1/19/20

Dlord45@gmail.com and others  
have lot of Complaints sent out in they  
Email & on the phone.

So of the 31 age of Age no 21's have  
for them to write. lot of us including me have  
31 Complaints cause for them it's easier to talk  
Some can't spell but they can talk and records, some psycho  
and Mental Disabilities prevent some of them from  
writing. So ~~all~~ we as a class have lot of ~~written~~  
but not on paper. Thank you for understanding

A. Spurk + 30  
(see waiver's)  
et, al

**Attachment**

January 2020- 19<sup>th</sup>

Since Coming to Fort Washington  
March of last year. I have  
witness A lot of disorder from  
staff, residents, and Counselors.

I even had surgery on my spine  
Because I was trying to secure  
my property. I moved a locker  
that the maintenance was suppose to  
handle the movement of the lockers  
I wasn't told not to move them, but  
I suffered a damage 3 and 1/2  
Lumbar in my spine Because not for  
the Counselors, but from Maintenance not  
having worker to do the job.

The Bathrooms always Filthy dirty  
and lots of K-2 Being Smoked  
By the residents in the facility.

I can't speak for others But I  
know what I have been through

The food is always prepare bad  
the food I don't eat Because it's  
not eatable to be. I get sick  
from eating it and just other  
is the facility they just treat others

~~Redacted~~

Very messed up here they take  
beds from handicapped residents if  
they are 5 minutes late for  
getting to the facility that's not  
far because I know from being  
in a wheelchair for one month  
and basically 3 weeks because I  
was in a wheelchair myself  
they have not help me with housing  
because I was told by my counselor  
that they only help with housing  
30% of helping me with housing  
I don't know what to do in this  
place and It's not a good place  
to live. I know that I have rights  
but they are being violated

Sincerely Concerned

8-1-23  
Anthony M. Ward

PROJECT RENEWAL, INC. – FORT WASHINGTON MEN'S SHELTER  
CLIENT GRIEVANCE REPORT

**Attachment**

Date of Complaint: 1-17-2020 Complaint Received By: \_\_\_\_\_  
Name of Client: Leslie Dickerson PRI Program Affiliation: \_\_\_\_\_  
Case Manager: \_\_\_\_\_

Nature of Grievance/Complaint:

- 1) Staff - unprofessional
- 2) Room -
- 3) Clients best ~~the~~ entrance not properly when Decs  
made by Staff member
- 4- Staff giving out Medication not qualified. Has to get  
To our Med's
- 5) Heating - off and on in Winter

Date of Client Notification of Disposition: \_\_\_\_\_

Client Response:

Report Completed By: Peter A. T.

PROJECT RENEWAL, INC. – FORT WASHINGTON MEN'S SHELTER

CLIENT GRIEVANCE REPORT

Date of Complaint:

1/17/20

Complaint Received By: \_\_\_\_\_

Name of Client:

Akeem Reed

PRI Program Affiliation: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Nature of Grievance/Complaint:

Showers need to be painted.

Gnats in the shower.

Need Multiple liquid hydration options in the building after 10pm.

Heat in Bedroom

All Windows in room need to be ~~able~~ to open.

Date of Client Notification of Disposition: \_\_\_\_\_

Client Response:

Report Completed By: Akeem Reed

## **Anthony Dussard**

---

**From:** Alphonso Syville <sohoodent27@aol.com>  
**Sent:** Wednesday, January 08, 2020 2:27 PM  
**To:** Anthony Dussard; constituentaffairs@dss.nyc.gov; ConstituentInquiry@hra.nyc.gov; CRCLCompliance@HQ.DHS.GOV; DisabilityAffairs@dss.nyc.gov; disabilityaffairs@hra.nyc.gov; FOIL@dss.nyc.gov; Ombudsman@dss.nyc.gov; schmeidlera@hra.nyc.gov; shaoulj@hra.nyc.gov; rodriguezchar@dss.nyc.gov  
**Subject:** Fwd: LEAVING THE DORMS IN THE MORNING  
**Attachments:** 20200108\_135233.jpg

**WARNING: The email message originated from outside Project Renewal.**

This is what we proposing as clients at Fort Washington Shelter for Mica Single Homeless Men  
..and im working on more signature's  
Alphonso Syville Client Advocate

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From: Alphonso Syville <sohoodent27@aol.com>  
Date: Wednesday, January 8, 2020  
Subject: LEAVING THE DORMS IN THE MORNING  
To: Anthony.Dussard <[Anthony.Dussard@projectrenewal.org](mailto:Anthony.Dussard@projectrenewal.org)>

To whom this may concern...

It was brought to our attention that we do not have to leave the dorms in the morning...  
But where we going in the cold...Yall push us out in the streets on the public with our mental illness...  
DHS says we DO NOT have to leave the dorms in the Morning...  
So can somebody please make a memorandum explaining and telling the gray shirts and clients THAT THEY  
DO NOT HAVE TO LEAVE THE DORMS IN THE MORNING AS MICA CLIENTS...  
Alphonso Syville

PROJECT RENEWAL, INC. – FORT WASHINGTON MEN'S SHELTER

CLIENT GRIEVANCE REPORT

Date of Complaint: 1-17-2020

Complaint Received By: \_\_\_\_\_

Name of Client: Mike Lopez

PRI Program Affiliation: \_\_\_\_\_

Case Manager: Paula, M.

Nature of Grievance/Complaint: -

• Food.-

Roaches - in Room - & Bugs - also shower

- Fight & Drugs - etc;

Thieff, Steeling - Money etc.

Date of Client Notification of Disposition: \_\_\_\_\_

Client Response:

Report Completed By:

Michael Lopez

PROJECT RENEWAL, INC. – FORT WASHINGTON MEN'S SHELTER  
CLIENT GRIEVANCE REPORT

Date of Complaint: 1-18-20

Complaint Received By: \_\_\_\_\_

Name of Client: ATINO, MALARV

PRI Program Affiliation: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Nature of Grievance/Complaint:

1) HAVING to GIVE Authority to SOMEONE ELSE in Regards To MY TAKING Medication, AS A MATURE AND Responsible PERSON. I GET MY Prescriptions Filled MYSelf. I Pay FOR My MEDS MYSelf AND I TAKE them Accordingly (MORNING + night.) I should NOT have to REPORT To ANYONE To TAKE MY MEDS AS NEEDED

Date of Client Notification of Disposition: \_\_\_\_\_

Client Response:

Report Completed By: \_\_\_\_\_



PROJECT RENEWAL, INC. – FORT WASHINGTON MEN'S SHELTER  
CLIENT GRIEVANCE REPORT

Date of Complaint: 1-17-20

Complaint Received By: \_\_\_\_\_

Name of Client: YANCHIK

PRI Program Affiliation: \_\_\_\_\_

*Christopher YANCHIK*

Case Manager: \_\_\_\_\_

Nature of Grievance/Complaint:

- Cleanliness
- Treatment
- ~~Hi~~

Date of Client Notification of Disposition: \_\_\_\_\_

Client Response:

Report Completed By: Christopher Yanchik

PROJECT RENEWAL, INC. – FORT WASHINGTON MEN'S SHELTER  
CLIENT GRIEVANCE REPORT

Date of Complaint: 11/18/19

Complaint Received By: Jh. St. Svr. Pans

Name of Client: JULIO MARIN

PRI Program Affiliation: 5/5

Case Manager: Damaris

Nature of Grievance/Complaint:

ON 11-14-19 or 11-15-19 I was taken from the lobby HERE !!! to the hospital Columbia Pres. across the street I was vomiting blood in my sleep. When the person who packed me up they damaged my phone (smash) NEW LEFT face while in my suitcase. LOST MY NEW 100 foot PUMA SNEAKER. NEW 100 umbrella in case of 2 cane's New 1 Aluminum, 2 light colored wood not New. I'M NOT IN A POSITION TO FIX OR REPLACE THESE ITEMS, PLEASE DO WHAT YOU CAN TO RECTIFY THIS.

Date of Client Notification of Disposition:

Client Response:  
"I gave them right foot PUMA sneaker"  
"I have broken phone."  
"I have broken phone."  
"If you want to see it?????"

Report Completed By: \_\_\_\_\_

PROJECT RENEWAL, INC. – FORT WASHINGTON MEN'S SHELTER  
CLIENT GRIEVANCE REPORT

Date of Complaint: 1/6/20

Complaint Received By: \_\_\_\_\_

Name of Client: Alphonse Syville

PRI Program Affiliation: Pride

Case Manager: Anthony Dussard

Nature of Grievance/Complaint:

I lost my Bed on New Year's and my Reebok Classic was not packed up. I got a Bed on Jan 1<sup>st</sup> (Wednesday). On Saturday (Jan 4<sup>th</sup>) I went to look for my sneaker's case with my Workers for all exercise so they wasn't there. So I went back to my old bed and the guy in my old bed told me Maintenance took them. I asked Maintenance, and they don't know it. So basically staff was to begin to bring down and get my one <sup>I</sup> PACK my sneaker's up. They stay in my old Room for days and Maintenance threw them out. No worker seems in boots all day. My feet hurt, it causing me not pain in my lower back. Clients always ~~coffee~~ because of the unprofessional and rude staff.

Date of Client Notification of Disposition: \_\_\_\_\_

Client Response:

I have NO money to buy me some shoes. I wear a size 6 so they knew there was my sneaker's. In the only 1 who wear a size 6. I need some sneaker

Report Completed By: A. Syville

**PROJECT RENEWAL, INC. – FORT WASHINGTON MEN'S SHELTER**  
**CLIENT GRIEVANCE REPORT**

Date of Complaint: 1/18/20 Complaint Received By: \_\_\_\_\_

Name of Client: Donald Alord PRI Program Affiliation: \_\_\_\_\_

Case Manager: Manija McKenzie

Nature of Grievance/Complaint: Extreme violations of  
NYC building code standards for air  
quality. Food being left out at room  
temperature for HOURS in the  
front lobby. Old wiring and receptacles  
not replaced as required by code. Rare  
cleaning of bathroom stalls. HVAC ducts  
and return terminals full of FILTH  
Many windows unscreened. Smoking is allowed

Date of Client Notification of Disposition: \_\_\_\_\_

Client Response: \_\_\_\_\_  
In bathrooms

Report Completed By: \_\_\_\_\_

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Alphonso Syville

20 CV 571

Write the full name of each plaintiff.

(Include case number if one has been assigned)

-against-

City of New York  
Project Renewal  
Director of Fort Washington  
Jody Supervisor of Operations at Fort Washington

**COMPLAINT**

Do you want a jury trial?

Yes  No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

**Federal Question**  
 **Diversity of Citizenship**

### A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Americans with Disabilities Act (the "ADA"), The Rehabilitation Act of 1973, Hippa rights, Denies Access into the State/ he Denies Access to my Reservation, Falsifying statements, Unlawful Hospitalization, Detention, Violation of my 1st Amendment Right, The right to speak and advocate without the fear of Retaliation

### B. If you checked Diversity of Citizenship

#### 1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, \_\_\_\_\_, is a citizen of the State of \_\_\_\_\_  
(Plaintiff's name)

\_\_\_\_\_  
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of \_\_\_\_\_

\_\_\_\_\_  
If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, Director At Fort Washington Men's shelter (Jody) is a citizen of the State of  
(Defendant's name)

New York

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If the defendant is a corporation:

The defendant, Director / Jody, is incorporated under the laws of  
the State of New York

and has its principal place of business in the State of New York

or is incorporated under the laws of (foreign state)

and has its principal place of business in City of New York.

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

## II. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Alphonso

First Name

Middle Initial

Sylvie

Last Name

103 Hornbeam Ave

Street Address

Swedesboro

County, City

N.J.

State

08085

Zip Code

Telephone Number

646-673-8205

Email Address (if available)

50tawoent27@at1.com

## B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

# Project Review

First Name Homeless Men shelter Last Name   
Current Job Title (or other identifying information)

---

Current Work Address (or other address where defendant may be served)

---

|              |       |          |
|--------------|-------|----------|
| County, City | State | Zip Code |
|--------------|-------|----------|

Defendant 2:

# Director of Project Revival

First Name W Last Name 651 168<sup>st</sup>  
651 168<sup>st</sup>

1. A single table may be used for all student rows (see example below).

---

© 2014 Pearson Education, Inc.

Defendant 3:

First Name John Last Name Smith  
Supervisor of ~~the~~ plant operation at the factory

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)  
Renewal

Current Work Address (or other address where defendant may be served)

651 168<sup>st</sup>

Defendant 4:

|   |           |          |
|---|-----------|----------|
| First Name  | Last Name |          |
| Current Job Title (or other identifying information)                  |           |          |
| Current Work Address (or other address where defendant may be served) |           |          |
| County, City  | State     | Zip Code |

**III. STATEMENT OF CLAIM**

Place(s) of occurrence:

2nd floor in the Fort Washington Homeless  
Shelter

Date(s) of occurrence:

1/14/2020

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

SEE Attachment #1

## INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Pain is Suffering, Powers my Mero's, causes injury to my already injured Back, Post Traumatic stress, Panic attacks when I see her now, Forces her she I did need her. (See Attachment # 2).

#### IV. RELIEF

State briefly what money damages or other relief you want the court to order.

Million Dollars

## V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

|                          |                            |                              |
|--------------------------|----------------------------|------------------------------|
| <u>1/17/20</u>           | <u>G. Alfonso</u>          |                              |
| Dated                    | Plaintiff's Signature      |                              |
| <u>Alfonso</u>           | <u>S. J.</u>               | <u>Synville</u>              |
| First Name               | Middle Initial             | Last Name                    |
| <u>108 Hoernbeam Ave</u> | <u>N.J</u>                 | <u>08085</u>                 |
| Street Address           | State                      | Zip Code                     |
| <u>646-673-3205</u>      | <u>SOHOcourt27@Aol.Com</u> | Email Address (if available) |
| County, City             | Telephone Number           |                              |

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes  No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

## CONSENT TO ELECTRONIC SERVICE

I hereby consent to receive electronic service of notices and documents in my case(s) listed below. I affirm that:

1. I have regular access to my e-mail account and to the internet and will check regularly for Notices of Electronic Filing;
2. I have established a PACER account;
3. I understand that electronic service is service under Rule 5 of the Federal Rules of Civil Procedure and Rule 5.2 of the Local Civil Rules, and that I will no longer receive paper copies of case filings, including motions, decisions, orders, and other documents;
4. I will promptly notify the Court if there is any change in my personal data, such as name, address, or e-mail address, or if I wish to cancel this consent to electronic service;
5. I understand that I must regularly review the docket sheet of my case so that I do not miss a filing; and
6. I understand that this consent applies only to the cases listed below and that if I file additional cases in which I would like to receive electronic service of notices of documents, I must file consent forms for those cases.

### Civil case(s) filed in the Southern District of New York:

**Note:** This consent will apply to all cases that you have filed in this court, so please list all of your pending and terminated cases. For each case, include the case name and docket number (for example, John Doe v. New City, 10-CV-01234).

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Name (Last, First, MI)

Sylvie, Alphonse

Address

106 Hornbeam Ave

City

State

08085

Zip Code

Telephone Number

646-673-3205

E-mail Address

SOHOdent272@aol.com

Date

1/17/20

Signature

Sylvie

### Return completed form to:

Pro Se Intake Unit (Room 200)

500 Pearl Street

New York, NY 10007

*Attachment #1***Anthony Dussard**

**From:** Alphonso Syville <sohoodent27@aol.com>  
**Sent:** Tuesday, January 14, 2020 4:06 PM  
**To:** sohoodent27@aol.com; Anthony Dussard; constituentaffairs@dss.nyc.gov; ConstituentInquiry@hra.nyc.gov; DisabilityAffairs@dss.nyc.gov; disabilityaffairs@hra.nyc.gov; eoa@hra.nyc.gov; info@cfthomeless.org; LDavis@cfthomeless.org; Ombudsman@dss.nyc.gov; rodriguezchar@dss.nyc.gov; schmeidlara@hra.nyc.gov  
**Subject:** RE: Jody, the shift supervisor, [REDACTED] The Guy in the Gray shirt complaint...  
**Attachments:** 20200114\_151648.jpg; 20200114\_151741.jpg; 20200114\_151757.jpg

**WARNING:** The email message originated from outside Project Renewal.

So i get up at 7.30am today..b at belluve by 9am for my appointment to get this back surgery appoi tment i been trying to get since Jack Ryan Remember..

So i get baxk to [REDACTED] at 12.30pm in time for lunch...

I go to the shift supervisor and show him my Bed rest pass and ask can i be let in the room so i can rest and take my meds...

He tell me, i have to wait until medical open open up at 1pm so i can get a bed rest using they letterhead...

So 1 o'clock i go to medical and medical tells me i have to see some lady who wasnt around and who comes back at 1.30..

So i go to the gray shirt security guys whi got the key to the dorms and ask them to escort me to my dorm so i can get my meds.. *(TORRES)(Gray shirt Security)*

Its like 45 minutes ive been waiting to get my meds and bed rest...

Here come Jody, She tell gray shirt not to call or open the door...i tell her i need my meds..

Jody calls downstairs and is asking how we got on the second floor..

Jody dont care about my needs, she just want to know how i get up stairs..And abuse her power..

So outta frustration BECAUSE i know this is just RETALIATION AGAINST ME, i kicked the door to my dorm...

Its been a whole hour try to get my meds out the room...

So Jody lied and said i threatened her to get me EDP...

so dhs escort me downstairs to they office..

**Attachments:**

20200114\_163440.jpg

**WARNING:** The email message originated from outside Project Renewal.

So im back in the shelter now...the psych said i didnt need to be edp and it was nothing wrong with me...

Jody is the very unprofessional and me and alot of other clients feel the same...She be running the shelter like she the director..

All she had to do was allow me to get me meds out the closed dorm..

And she lied, i never threatened her..Tht was the only way to get me edp...was to lie and say i threatened her.. Again, denying me my meds hippa, lieing falsifying statement, Violation of my Rehabilitation Act, Violation of the Disability Act

**TO WHOW THIS MAY CONCERN, THIS ALL JUST RETALIATION AGAINST ME CAUSE I STAND UP FOR ME AND CLIENTS RIGHTS..**

A.Syville

**Anthony Dussard**

---

**From:** Alphonso Syville <sohoodent27@aol.com>  
**Sent:** Friday, January 17, 2020 10:11 AM  
**To:** Anthony Dussard  
**Subject:** Need printed out  
**Attachments:** NYCDS.Scanner\_20200116\_162534.pdf

**WARNING:** The email message originated from outside Project Renewal.

G.M, I need this printed and a print out of this complaint as soon as possible for complaint and legal reasons  
A.Syville

Thanks

On Tuesday, January 14, 2020 Alphonso Syville <sohoodent27@aol.com> wrote:

To whom this may concern this is against the names above who refuse to let me get my Meds out the room...  
Before my kicking of the door ask Jody why she didnt just let me get meds like they let anybody else in the room to get they id, appointment slips, etc..

She lied, i didnt threaten anybody...Especially not her .....I have a bed rest pass...where am i wrong at to have to threaten anybody...

There yall going lieing and falsifing statements to justify they wrong...

But im at the hospital now and im definitely putting something in the courts behind this...

Promise yall, the doctors at the hospital agree i dont need no psych help, the emt says jody have a bad attitude he knew her for years working there

The psych person is saying i was alil upset and frustrated because of the pain and the tiredness for standing and waiting an hour to try to get in the room to get my meds...

...All i need was my Back Meds and Bed rest from running around all day

Everybody saying i was *Fewesters cause of the RAIN.*

7/2/20

~~OASIS~~

To whom this may CONCERN.

I Alfonso Syville is experiencing lot of threats and Retaliations from staff at Fort Washington Shelter and the Higher up of the Department of Homeless Services, They denying me my medication, They threaten me with physical harm, The Maintenance Crew threatens me in my room where there is no privacy, They denying me Bed Rest, Denying me Cosmetic & Linen.

It's like I'm getting Prosecuted for standing for us Homeless People Rights

P.S. I'm being Prosecuted, For standing for me & The best of the Homeless Clients Rights AND I fear for my Life.

Alfonso Syville

A. Sy

COLUMBIA UNIVERSITY  
MEDICAL CENTER

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**Emergency Department**  
 622 West 168th Street • New York, NY 10032  
[www.nyp.org](http://www.nyp.org)

NewYork-Presbyterian Hospital  
 Columbia University Medical Center

*Main Adult*  
**Emergency Dept.**  
**(212) 305-6204**

## EXITCARE® PATIENT INFORMATION

Patient Name: ALPHONSO SYVILLE

Attending Caregiver:

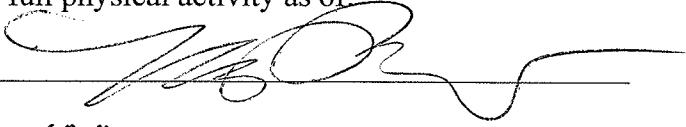
# Excuse from Work, School, or Physical Activity

ALPHONSO SYVILLE needs to be excused from:

- Work
- School
- Physical activity

Beginning now and through the following date:

- He/she may return to work or school but still avoid physical activity from now until:
- He/she may return to full physical activity as of:

Caregiver's signature: Date: 01/14/2020

## ADDITIONAL NOTES AND INSTRUCTIONS

Mr. Syville was evaluated in our Emergency Department and has no indication for acute psychiatric intervention. He should be allowed to follow the directions of his treating physician with regards to his back pain.

Document Released: 6/13/2002 Document Revised: 3/11/2013 Document Reviewed: 7/20/2015

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When back pain lasts longer than 3 months, it is called chronic back pain. People through certain periods that are more intense (*flare-ups*).

## CAUSES

Chronic back pain can be caused by wear and tear (*degeneration*) on different structures in your back. These structures include:

- The bones of your spine (*vertebrae*) and the joints surrounding your spinal cord and nerve roots (*facets*).
- The strong, fibrous tissues that connect your vertebrae (*ligaments*).



Degeneration of these structures may result in pressure on your nerves. This can lead to constant pain.

## HOME CARE INSTRUCTIONS

- Avoid bending, heavy lifting, prolonged sitting, and activities which make the problem worse.
- Take brief periods of rest throughout the day to reduce your pain. Lying down or standing usually is better than sitting while you are resting.
- Take over-the-counter or prescription medicines only as directed by your caregiver.

## SEEK IMMEDIATE MEDICAL CARE IF:

- You have weakness or numbness in one of your legs or feet.
- You have trouble controlling your bladder or bowels.
- You have nausea, vomiting, abdominal pain, shortness of breath, or fainting.

Document Released: 1/25/2006 Document Revised: 3/11/2013 Document Reviewed: 12/1/2012

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I request and hereby authorize Columbia University Medical Center to send a copy of my discharge instructions from the Emergency Department to my physician and it is my responsibility to follow-up after discharge with my doctor.

Patient or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Signature acknowledges that Patient and/or Guardian has received these instructions and understands them.**

| / /  | / /       |                           |           |
|--|-----------|---------------------------|-----------|
| Patient or Guardian Signature  | Date/Time | Witnessed & Instructed by | Date/Time |
| <b>Columbia University Medical Center • General Information • (212) 305-6204</b> |           |                           |           |

NewYork-Presbyterian

The University Hospitals of Columbia and Cornell

**ED PATIENT DISCHARGE INSTRUCTIONS**

Patient Name: SYVILLE, ALPHONSO

MRN: 880 91 20

Date of Birth: 27-Sep-1974

Visit Number: 000025357 497

Visit Date and Time: 01/14/2020 14:40

ED Attending MD: McDonald, Steven A

Discharge Date and Time: 01/14/2020 15:52

**Discharge Instructions****• TO PATIENT:**

THIS EXAMINATION AND TREATMENT WHICH YOU HAVE RECEIVED HAS BEEN ON AN EMERGENCY BASIS ONLY AND HAS NOT BEEN INTENDED TO BE A SUBSTITUTE OR REPLACEMENT FOR COMPLETE MEDICAL CARE. FOR YOUR PROTECTION AND TO PREVENT POSSIBLE COMPLICATIONS, IT IS SUGGESTED YOU FOLLOW THE RECOMMENDATIONS CHECKED BELOW.

**X-RAYS**

The interpretation of your X-rays and other radiological test at the time of your visit to the Emergency Department is a preliminary report. Radiological tests are reviewed before a final report is issued. You will be notified if there is a change in diagnosis. If your symptoms persist or worsen you should return to the Emergency Department.

Additional studies may be necessary as some abnormalities become apparent at a later time.



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**Emergency Department**

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[www.nyp.org](http://www.nyp.org)

>NewYork-Presbyterian Hospital  
Columbia University Medical Center

*Main Adult*  
**Emergency Dept.**  
**(212) 305-6204**

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**EXITCARE® PATIENT INFORMATION**

Patient Name: ALPHONSO SYVILLE

Attending Caregiver:

## **Anger Management**

Anger is a normal human emotion. However, anger can range from mild irritation to rage. When your anger becomes harmful to yourself or others, it is unhealthy anger.

### **CAUSES**

There are many reasons for unhealthy anger. Many people learn how to express anger from observing how their family expressed anger. In troubled, chaotic, or abusive families, anger can be expressed as rage or even violence. Children can grow up never learning how healthy anger can be expressed. Factors that contribute to unhealthy anger include:

- Drug or alcohol abuse.
- Post-traumatic stress disorder.
- Traumatic brain injury.

### **COMPLICATIONS**

People with unhealthy anger tend to overreact and retaliate against a real or imagined threat. The need to retaliate can turn into violence or verbal abuse against another person. Chronic anger can lead to health problems, such as hypertension, high blood pressure, and depression.

### **TREATMENT**

Exercising, relaxing, meditating, or writing out your feelings all can be beneficial in managing moderate anger. For unhealthy anger, the following methods may be used:

- Cognitive-behavioral counseling (learning skills to change the thoughts that influence your mood).
- Relaxation training.
- Interpersonal counseling.
- Assertive communication skills.
- Medication.

Document Released: 10/14/2008 Document Revised: 3/11/2013 Document Reviewed: 2/23/2012

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## **Chronic Back Pain**

NewYork-Presbyterian

The University Hospitals of Columbia and Cornell

**ED PATIENT DISCHARGE INSTRUCTIONS****Milstein Emergency Department**

Patient Name: SYVILLE, ALPHONSO

MRN: 880 91 20

Date of Birth: 27-Sep-1974

Visit Number: 000025357 497

ED Attending MD: McDonald, Steven A

Visit Date and Time: 01/14/2020 14:40

Discharge Date and Time: 01/14/2020 15:52

**Discharge Instructions Given:**

Anger Management - 01/14/2020

Chronic Back Pain - 01/14/2020

Form - Excuse from Work, School, or Physical Activity - 01/14/2020

**Follow-Up Instructions:****Follow-Up Location**

Follow-up with your Primary Care Physician - Call for Appointment.

**Return to Emergency Department for persistent, worsening, or new symptoms**

including: weakness, difficulty urinating or if you do not feel well

**Radiology:**

No major radiology tests were performed in this visit

**Procedures:**

No major procedures were performed in this visit

**Patient Signature:****I Have fully understood what was explained to me:**

X

Patient or Guardian Signature

SYVILLE, ALPHONSO

Signature acknowledges that Patient and/or Guardian has received this instructions and understands them. Patient and/or Guardian also understands that he/she should follow up with his/her primary care physician once discharged.

Bed Rest Papers

RECEIVED  
SCHUYLER & SIEGEL PLLC

2020 JAN 24 PM 1:11

Police Service Report

1/24/20

Page 1 of 2

Case Number -

1:20-cv-00571-DA

To whom it may concern

Here's the bed rest that was giving to me by the Doctor at Bellvue Hospital on 1/14/20.

I got back to Fort Washington at 8:30 12:30 pm with this bed rest pass and for a hour the staff ignores me w/ the doctor pass and refuses to let me rest my back and Jody refuses to let me get my medication for my back. (See Attach A)

7 other people was present and in telling me what medications I take as my Mental Meds I take. So everybody know I take back meds and Mental Meds for no reason because I self medicate (see Attach B)

Alphonso Syu  
D.L.

\* *when*

P.S. Even we do things right, it's like we still wrong for being smart. This is the letter and operation we been waiting for since Case # 19CV09988

Page 2 of 2

Mrs. Jody Vickler then rights  
of mines & Below (See ~~17~~ ~~17~~ C)

Matthewsville  
Andy

Bellevue Hospital Center

462 First Avenue, New York, NY 10016

Pre-Procedure / Surgery Clearance Checklist

Alphonso A

9/27/1974

Today's Date: 1/14/2020  
 Last Name: Sylville  
 First Name: Alphonso  
 MR #: 3140866  
 Patient's Contact #: 646-673-3205  
 Name of Alternate Contact:  
 Alternate's Contact #: \_\_\_\_\_  
 Patient's Primary Language: English

Referring Service: Pain Management  
 Insurance: Health First  
 Planned Procedure Date: 1/29/2020 @ 11:00AM  
 Planned Procedure: L5-S1 interlaminar epidural steroid injection  
 Anes. Type:  Local  General  Mod. Sedation  MAC  
 Surgical Coordinator's Name: Sabrina Nef  
 Surgical Coordinator's Contact #: 212-562-5363

APPOINTMENTS REQUIRED FOR PRE-PROCEDURE/SURGERY PROCESSING

| Check Box If Required                 | Type of Test/Appointment   | Appt. Date | Appt. Time |
|---------------------------------------|--|------------|------------|
| <input type="checkbox"/>              | Chest X-Ray<br>Location: Amb. Care Building; 1E  |            |            |
| <input type="checkbox"/>              | EKG<br>Location: Amb. Care Building; 1E  |            |            |
| <input checked="" type="checkbox"/>   | Blood Work<br>Location: Amb. Care Building; 1B   | 1/14       |            |
| <input checked="" type="checkbox"/>   | Other (Specify): <u>Nurse</u> Location: <u>1D</u>  | 1/14       |            |
| <input type="checkbox"/>              | Other (Specify): _____ Location: _____   |            |            |
| <input type="checkbox"/>              | Other (Specify): _____ Location: _____   |            |            |
| <b>Medical Clearance (Adult Only)</b> |  |            |            |
| <input type="checkbox"/>              | • Location: _____<br>• PCP Name: _____   |            |            |
| <input type="checkbox"/>              | Surgical Coordinating Center (SCC)<br>Hospital Building 15 East 19 - (212) 562-3208 or 3209          |            |            |
| <input type="checkbox"/>              | Pediatric Child Life/Development Pre-Hospitalization & Anesthesia<br>(Pediatric Only) (212) 562-5553 |            |            |

**Important Information for Outpatients:**

\*All required test/ appointments must be completed at least 72 hrs prior to your scheduled procedure / surgery date. If you find it necessary to change any of your appointments or have any questions, please contact your Bellevue designated Surgical Coordinator.

Thank you for choosing Bellevue

7



# Bellevue

First Avenue & 27th Street  
New York, NY 10016  
212-562-4141

1/14/2020

To whom this concerns:

Alphonso Syville (9/27/1974) is a patient on mine in the pain management clinic at Bellevue hospital. Patient with severe lumbosacral radiculopathy. Patient will undergo an epidural steroid injection on 1/29/2020 and should be allowed bedrest as needed until 1/31/2020. If you have any questions, please feel free to reach out to our service.

Thank you,

Angela Zangara Roberts, NP

*Angela Zangara Roberts NP.*

Pain Management Clinic

Bellevue Hospital

212-562-5363

Angela Zangara, FNP

337951

Finally, the reason I was transferred  
to Sick Ryan in the first place by  
the assault

Alphonso Syville 8  
A. Syville

Definitely caused further damage to an already injury.

Patient Instructions for Pain Procedures  
Before Spinal Injections with Local Anesthetics and/ or Steroids

You [redacted] decided with your doctor to have a special procedure to help control your pain. Please read these instructions and follow them for your safety. If you have any questions about these instructions, please tell your nurse or doctor.

The special procedures to relieve pain include epidural, spinal, facet joint, and other nerve injections. These injections are given near your spine to provide pain relief and help diagnose your condition. Sometimes more than one injection is needed in order for the pain relief to last.

The side effects from these injections may be: headache, backache, redness, allergic reaction, temporary nerve injury, bleeding around the injection site, and very rarely injury to the spinal cord or bleeding around the spinal cord. The possibility of headache is less than 1%; all other side effects are even less likely. The possibility of bleeding around the spinal cord is less than 1/100, 000.

The procedure you are having is L5-S1, Inflammar ESJ

You are going to have the pain procedure on 1-29-2020

LOCATION: AMBULATORY SURGERY, 15 South, 15<sup>th</sup> floor, Hospital Building (H)

Your Surgical Coordinating Appointment is on \_\_\_\_\_  
(15East-19, 15<sup>th</sup> Floor, Hospital Building)

– You can't proceed with the procedure without going to this appointment)

### 1. Medications

You may take your current pain medications as prescribed, including on the day of your procedure. You can also take your other medications including your heart and blood pressure medicines with sips of water.

Talk to your doctor if you are taking any anticoagulation medications like Coumadin, Heparin, Lovenox, etc. You are advised to stop Aspirin & its derivatives 1 week before your scheduled procedure unless otherwise instructed by your medical provider.

### 2. Diet

The Morning of the Procedure, you may have a light breakfast. For example: toast and tea or coffee. If you must take medications, take them with a few sips of water. Wear loose clothing, do not bring or wear any jewelry, watches or valuables.

6

POLICE ST  
DEPARTMENT OF HACCE REPORT  
HOMELESS SERVICES

|                                      |   |                      |
|--------------------------------------|---|----------------------|
| Incident Date: <u>1/14</u>           | Location of Occurrence: <input checked="" type="checkbox"/> Inside <input type="checkbox"/> In Front Of <input type="checkbox"/> Rear Of <input type="checkbox"/> Opposite Of | Floor: <u>2nd fl</u> |
| Time: <u>13115</u>                   | Unit #: <u>13G</u>  | Bed #: <u></u>       |
| NYPD Complaint Report #: <u>0048</u> |   |                      |

## DETAILS (Incident): When, Where, Who, What, How, Why

Please Write your narrative with as much detail as possible

AT 1/14/20 DHSPD was requested by Senior Shift Supervisor MS Judy to the second floor for said client kicking the dorm room door. Upon further investigation, DHSPD was informed by Client that he wanted to gain access to his bed for his back medicine and he also had a bed rest pass that was valid until 1/31/2020 that was given from his Doctor. Client also stated that he asked staff and medical staff to resolve the issue, but was being ignored. AT this time MS Judy requested for Client to be EPP'd. EMS was called @ 1315 arrived @ 1345. EMS was called @ Explained the situation and determined that Client wasn't classified as a EPP. Client also refused to go to the hospital as a EPP. EMS was informed by psych doctor Radulovic that Client will need his psych evaluation / discharge papers to gain access back into the shelter. AT 1400, EMS requested for their supervisor. EMS supervisor LT Captain arrived @ 1414 and was explained the situation, and EMS LT captain advised the Client to go to the Hospital. EMS off site @ 1430, in route to presbyterian hospital. Bus# 1849 / CAD# 2188 / unit# 13G

## PERSONS INVOLVED

Each person will be assigned a letter: A, B, or C. Once a person is assigned a letter that letter will ALWAYS refer to this person throughout the form. For Example, if Person A is associated with Bob. Every box with the letter A will always refer to Bob. Additional people will be assigned a different letter. Use additional sheet if necessary and assigned AA, BB, CC etc...

| Person # | DOB     | Role   | Who is involved   | Name               | Gender  | Ethnicity   |
|----------|---------|--|---|--------------------|---|---|
| A        | 9/27/74 | <input type="checkbox"/> PERP <input type="checkbox"/> VIC <input type="checkbox"/> RO <input type="checkbox"/> OT | <input checked="" type="checkbox"/> c <input type="checkbox"/> s <input type="checkbox"/> PO <input type="checkbox"/> NC <input type="checkbox"/> CNF | Alphonso, Sylville | M <input checked="" type="checkbox"/><br>O <input type="checkbox"/><br>F <input type="checkbox"/> | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic Black <input type="checkbox"/> Asian <input type="checkbox"/> White<br><input type="checkbox"/> Native Hawaiian or Black or African <input checked="" type="checkbox"/> Hispanic White <input type="checkbox"/> Refused <input type="checkbox"/> Don't Know<br><input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> |
| B        |         | <input type="checkbox"/> PERP <input type="checkbox"/> VIC <input type="checkbox"/> RO <input type="checkbox"/> OT | <input type="checkbox"/> c <input type="checkbox"/> s <input type="checkbox"/> PO <input type="checkbox"/> NC <input type="checkbox"/> CNF            |                    | M <input type="checkbox"/><br>O <input type="checkbox"/><br>F <input type="checkbox"/>            | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic Black <input type="checkbox"/> Asian <input type="checkbox"/> White<br><input type="checkbox"/> Native Hawaiian or Black or African <input type="checkbox"/> Hispanic White <input type="checkbox"/> Refused <input type="checkbox"/> Don't Know<br><input type="checkbox"/> Other Pacific Islander <input type="checkbox"/>            |
| C        |         | <input type="checkbox"/> PERP <input type="checkbox"/> VIC <input type="checkbox"/> RO <input type="checkbox"/> OT | <input type="checkbox"/> c <input type="checkbox"/> s <input type="checkbox"/> PO <input type="checkbox"/> NC <input type="checkbox"/> CNF            |                    | M <input type="checkbox"/><br>O <input type="checkbox"/><br>F <input type="checkbox"/>            | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic Black <input type="checkbox"/> Asian <input type="checkbox"/> White<br><input type="checkbox"/> Native Hawaiian or Black or African <input type="checkbox"/> Hispanic White <input type="checkbox"/> Refused <input type="checkbox"/> Don't Know<br><input type="checkbox"/> Other Pacific Islander <input type="checkbox"/>            |

| H/M/Case# | CARES ID | Title (if DHS Employee) | Shift# | Reporters | Other Role | NURD     | Gang Affiliation | Client Y/N | Reporters |
|-----------|----------|-------------------------|--------|-----------|------------|----------|------------------|------------|-----------|
| A         | 708812   |                         |        |           |            | Y0<br>N0 | Y0<br>N0         | Y0<br>N0   |           |
| B         |          |                         |        |           |            | Y0<br>N0 | Y0<br>N0         | Y0<br>N0   |           |
| C         |          |                         | !      |           |            | Y0<br>N0 | Y0<br>N0         | Y0<br>N0   |           |

| Disposition:   | Statement          |
|--|--------------------|
| A <input type="checkbox"/> Arrest <input type="checkbox"/> Summons <input checked="" type="checkbox"/> Removed to Hospital <input type="checkbox"/> Referred to Social Services <input type="checkbox"/> Condition Corrected | A "I want my meds" |
| B <input type="checkbox"/> Arrest <input type="checkbox"/> Summons <input type="checkbox"/> Removed to Hospital <input type="checkbox"/> Referred to Social Services <input type="checkbox"/> Condition Corrected            | B                  |
| C <input type="checkbox"/> Arrest <input type="checkbox"/> Summons <input type="checkbox"/> Removed to Hospital <input type="checkbox"/> Referred to Social Services <input type="checkbox"/> Condition Corrected            | C                  |

## INCIDENT(S): Circle All Incidents That Apply Please refer to code reference guide poster

| ACS   | HLT   | DTH    | DFD   | DA   | FD   | FIRE   | FI     | FRM   | QOL   | PRS   |
|-------|-------|--------|-------|------|------|--------|--------|-------|-------|-------|
| ACS-1 | HLT-1 | DTH-1  | DFD-1 | DA-1 | FD-1 | FIRE-1 | FI-1   | FRM-1 | QOL-1 | PRS-1 |
| ACS-2 | HLT-2 | DTH-2  | DFD-2 | DA-2 | FD-2 | FIRE-2 | FI-2   | FRM-2 | QOL-2 |       |
| ACS-3 | HLT-3 | DTH-3  | DFD-3 | DA-3 | FD-3 | FIRE-3 | FI-3   | FRM-3 | QOL-3 |       |
|       | HLT-4 | DTH-4  | DFD-4 | DA-4 | FD-4 | FIRE-4 | FI-4   | FRM-4 |       |       |
|       | HLT-5 | DTH-5  | DFD-5 | DA-5 | FD-5 | FIRE-5 |        | FRM-5 |       |       |
|       |       | DTH-6  |       | DA-6 |      | FIRE-6 |        |       |       |       |
|       |       | DTH-7  |       | DA-7 |      |        |        |       |       |       |
|       |       | DTH-8  |       | DA-8 |      |        |        |       |       |       |
|       |       | DTH-9  |       |      |      |        |        |       |       |       |
|       |       | DTH-10 |       |      |      |        |        |       |       |       |
|       |       | DTH-11 |       |      |      |        |        |       |       |       |
|       |       |        |       |      |      | PSYR   | OIND   | MP    | BT    | SO    |
|       |       |        |       |      |      | PSYR-1 | OIND-1 | MP-1  | BT    | So-1  |
|       |       |        |       |      |      | PSYR-2 | OIND-2 | MP-2  |       | So-2  |
|       |       |        |       |      |      | PSYR-3 |        | MP-3  |       | TFT-2 |



SHELTER NAME: Arleen H C  
 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 FAMILY COMPOSITION: # ADULTS \_\_\_\_ # CHILDREN \_\_\_\_

|                               |               |        |
|-------------------------------|---------------|--------|
| LAST NAME (HEAD OF HOUSEHOLD) | FIRST NAME    | MI     |
| SOCIAL SECURITY NUMBER        | DATE OF BIRTH | CASE # |

## **STATEMENT OF CLIENT RIGHTS AND CLIENT CODE OF CONDUCT**

The **Statement of Client Rights and Client Code of Conduct** sets out the standards for staying in short-term temporary housing assistance ("shelter"). Since shelter is not a home, but rather a stepping stone to permanent housing and rejoining the community, there are certain expectations for you while in shelter. These standards ensure shelters are safe for everyone and that we work together to help you move as quickly as possible from emergency housing to a home.

**While in shelter, your rights include:**

1. The right to exercise your civil rights and religious freedoms;
2. The right to have your personal, financial, social and medical information kept confidential by DHS and shelter staff;
3. The right to meet and have written communications with your legal representatives in private;
4. The right to receive courteous, fair and respectful treatment;
5. The right to remain in the facility, and not be involuntarily transferred or discharged except in accordance with State regulations and the DHS procedures implementing those regulations;
6. The right to present grievances on behalf of yourself and other residents to your shelter or DHS without fear of retaliation and to receive a timely response;
7. The right to manage your own finances;
8. The right to receive visitors in common areas of the facility Monday through Friday between 6 pm and 9 pm and on Saturday and Sunday between 12 pm and 4 pm;
9. The right to leave and return to the facility in accordance with the 10 pm curfew;
10. The right to send and receive mail without interference or interception;
11. The right to be free from physical restraint or confinement; and
12. The right to end your shelter stay at any time.

**Single acts of the following misconduct may lead to the loss of shelter:**

1. You are forbidden to bring weapons and any illegal substances into the shelter.
2. Violence, threatened violence, or other illegal conduct is not permitted and will be reported to law enforcement authorities.

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6-15-20

CASE # 1:20-cv-00571

Alphonso Syville

Amendment Complaint

Director Name of Fort Washington is  
"ETTA Gresham".

JUDY Malloy is the name of the lady supervisor.

Also Due to the Covid-19 crisis and me being Homeless in one the most vulnerable place ~~with~~ which is the shelters. It's been really difficult to print copies.

So if the courts can please me with a Copy of all my paperwork on this case so far, would be really helpful due to my lack of funds. I wasn't able to make or afford any copies.

Help Meyle's of Sheltree  
Meeting address 600 E 125<sup>th</sup> 10035

Page 1 of 2

Alphonso Syville  
A. Syb

06/18/2020 00571

The copies is well keeers because of me losing track up them to Concenterate due to my Mental illness.

Also its of the incents that happen after the Marv Incident.

So I just wanna see what is submited so far

Person me to the Courts but I been going thought a lot which causing me to forget and loss track.

Page 2 of 2

A. S. Spike

**From:** sohoodent27@aol.com,  
**To:** Anthony.Dussard@projectrenewal.org, constituentaffairs@dss.nyc.gov, DisabilityAffairs@dss.nyc.gov, Elba.Mendoza@projectrenewal.org, Etta.Graham@projectrenewal.org, Ombudsman@dss.nyc.gov, ombudsman@dhs.nyc.gov, otda.sm.css.bss@otda.ny.gov,  
**Subject:** Clients at Mica Fort Washington Single adult shelter  
**Date:** ~~Wed, Feb 26, 2020 10:08 am~~  
**Attachments:** Screenshot\_2020-02-26-09-57-55.png (747K)

To my case manager Anthony and Supervisor of case managers and the director of Fort Washington...  
It is our right to have a client meeting amongst ourselves to talk about better conditions and treatment in fort  
washington...  
Me and the Clients would like to know when we can have our meeting?  
We wanna create a CAB

**From:** sohoodent27@aol.com,

**To:** Anthony.Dussard@projectrenewal.org, Elba.Mendoza@projectrenewal.org, Etta.Graham@projectrenewal.org, sgresl@mfjlegal.org, Ombudsman@dss.nyc.gov, info@cfthomeless.org,

**Subject:** Alphonso Bed

**Date:** Fri, Mar 6, 2020 6:06 pm

I thought i was suppose to get my bed back like the assistant director said....

Jody told them i dont get no bed and im number 13tn on the bed list....

Yall serious? I gotta sit out there for the whole weekend with food poisoning and stomach still hurt...

When yall suppose to hold my bed for 48 hours

Let me tell yall right now..i dont feel good, my back is killing me from my operation...

I just sent tht email..

Retraction  
Jody told them  
Do Not Give me my  
Bed Back